

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 1 1959

59-029628

Registration District No. 170 Primary Registration District No. _____ Registrar's No. 137

STATE FILE NUMBER

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Conway</u> | | Length of stay in 1b <u>Life</u> | c. CITY OR TOWN <u>Conway</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Victoria</u> Last <u>Reaves</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>11</u> Year <u>1959</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-13-1877</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during 1 year of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Harris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Haymes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harvey Reaves</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Harvey Reaves -- Conway, Missouri</u> | | |

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|---|---------------------------------------|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u> |
| IMMEDIATE CAUSE (a) <u>MEULLARY PARALYSIS</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>CEREBRAL THROMBOSIS</u> | | |
| | DUE TO (c) <u>ARTERIOSCLEROSIS</u> | | <u>7 mo</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ |

21. I attended the deceased from 7/31/59 to 8/11/59 and last saw her alive on 8/10/59
Death occurred at 4:50 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>RD -</u> | 22b. ADDRESS <u>Marionfield, Mo.</u> | 22c. DATE SIGNED <u>8/17/59</u> |
| 23a. MANNER OF DEATH (Specify) <u>Natural</u> | 23b. DATE <u>8-13-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Conway, Missouri</u> |

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| 24. FUNERAL DIRECTOR <u>Rex Rainey--Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-28-1959</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
|---|--|---|

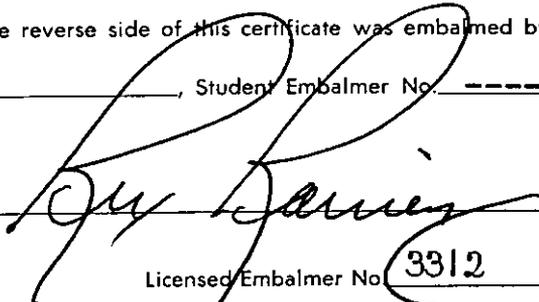
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3312

P. O. Address Springfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.